

Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name District Name Legal Entity Number County Number Valley Glasgow K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 53-1-16 9 12 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 4073 427 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0926 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



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Due Dates: All Routes			To County Supt October 1		To OPI October 15		ا	Rate Per Mile \$1.15		
County Name			County Number District Nam		ne			Legal Entity Number		
Valley			53 Glasgow		K-12 Sc	hools		0926		
Route #	Length	h of Route (Type of Ser	Service □ Bus Route Mileage □ Non Bus Mileage			Rated Capacity	
53-1-5A 84				Bus Route Mileage				ige	54	
Vehicle I.D. # License #		□ District Own□ Contract - If		ned District Own If so, Name of Owner		ied				
6906	5	510								
Reimbursement Distribution- Er	nter the I	legal entity			f state/county h budget!	reimburse	ement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	L	Legal Entity		IIaiC	Legal Entity	,	Legal Enti		ty	
0926										
% 100.00		%			%			%		
PASSENGER INFORMATION									_	
Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDERS (Grades PK-8)		_	HIG			TOTAL ELIGIBLE RIDERS	
			a NUMBER		b NUMBER			c a + b		
Regular (include eligible Preschool/	Kindergar	rten riders)					-			
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
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Non-WC IEP Lists Trans as Related Service										
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All Routes		October 1			\$1.15		
County Name	County Number	County Number District Nat			Legal Entity Number		
Valley		53	Glasgow	Glasgow K-12 Schools		0926	
Route #	Length of Rou	ite (miles per day)	Type of Se	Type of Service ☐ Bus Route Mi		Rated Capacity	
53-1-4B	В 96		Bus Route		□ Non Bus Mileage e Mileage		
Vehicle I.D. #	Vehicle I.D. # License #		☐ District Ow	vned [District Own	District Owned	
6907	343		□ Contract - If so, Name□ Contracted rate per m				
Reimbursement Distribution- Er	nter the legal en		age of state/count	y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal E		Legal Entity	У	Legal Entity		
0926							
% 100.00	%		%		%		
PASSENGER INFORMATION			_				
Number of Preschool/Kindergar this route	ten pupils ridin	ELEMENTAR (Grades		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUME	3ER	b NUMBER		c a+b	
Regular (include eligible Preschool/	Kindergarten rider				-		
1st Wheelchair (WC)							
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TOTAL RIDERS							
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Signature - Chair, Board of Trustees				Date			
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Signature - Chair, County Transportation Committee Date							



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Valley Glasgow K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 53-1-17 116 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 274 1589 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0926 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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		3 , ,		the services.	F	Rate Per Mile		
Due Date All Routes		To County Supt October 1		To OPI October 15		\$1.15		
County Name		County Number	District Nan	ne		Legal Entity Number		
Valley		53	Hinsdale	Public Schools		0932 0933		
Route #	Length of Route			Type of Service Bus Route Mileage		Rated Capacity		
1	144		Rue Pout	□ Non Bus Miles Bus Route Mileage		53		
Vehicle I.D. #	License #	□ District Owned		•	District Own			
4059	381		□ Contract -	If so, Name of Owner If rate per mile				
Reimbursement Distribution- Er	nter the legal entity		of state/county		aid to each dis	strict. Note: Percentages		
Legal Entity	Legal Entity		tch budget! Legal Entity	1	Legal Entity			
0933		932		Logai Liit		ity		
% 50.00	% 50.	.00	%		%			
PASSENGER INFORMATION		ELEMENTARY F	RIDERS	HIGH SCHOOL	RIDERS	TOTAL		
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		a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/	Kindergarten riders)	NOMBLIN	.	NOMBLI	<u> </u>	a + D		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre								
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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bus operates on the route as ap	oproved by and with			•	sportation Cor	•		
Signature - Chair, Board of Trustees	6				Date			
County County	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.							
This Application for Registration area assigned to it by the Coun			nas been reviev	wed and I certify that this	s bus operates	within the transportation		
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Date

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Due Dates All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95			
County Name	County Number	District Nan	ne		Legal Entity Number			
Valley		53	Opheim ł	Opheim K-12 Schools		0935		
Route #	Length of Route			Type of Service ☐ Bus Route Mi		Rated Capacity		
53-9-7-103.2	103.2		Bus Rout	□ Non Bus Mile te Mileage	age	36		
Vehicle I.D. # License #			□ District Ow	ned District Ow		ed		
2971			If so, Name of Owner I rate per mile					
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity 0935	Legal Entit		Legal Entity	tity Legal Ent		ity		
			_					
% 100.00	%		%		%			
PASSENGER INFORMATION		ELEMENTARY	RIDERS	HIGH SCHOOL	RIDERS	TOTAL		
Number of Preschool/Kindergar this route	ten pupils riding	(Grades Pk	(-8)) (Grades 9-		ELIGIBLE RIDERS		
		a NUMBEF	?	b NUMBEF	₹	c a + b		
Regular (include eligible Preschool/h			_					
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	ement that would be eligible)							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.						<u>·</u>		
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Signature - Chair, County Transportation Committee Date								



Date

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Date

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This form is required in accorda	nce with Title 20. 0	Chapter 10. Part 1. MCA	. School distric	t official must complete o	ne form for ea	ach bus route that	
receives state reimbursement e						Rate Per Mile	
Due Date: All Routes	To County Supt October 1		To OPI October 15		\$1.36		
County Name		County Number District Name		ne		Legal Entity Number	
Valley				K-12 Schools		0937	
Route #	Length of Route	(miles per day)	Type of Sei	Type of Service ☐ Bus Route Mil ☐ Non Bus Milea		Rated Capacity	
53-13-1-109	Bus Rou		ite Mileage		60		
Vehicle I.D. #	Vehicle I.D. # License #			ned D If so, Name of Owner	istrict Own	ed	
8509	141			d rate per mile			
Reimbursement Distribution- Er	nter the legal entity		e of state/county atch budget!	y reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0937				Legal Ent		У	
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a+b	
Regular (include eligible Preschool/l							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,							
nonresident and no attendance agree otherwise allow nonresident riders to							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
TOTAL RIBERO							
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	F			andanas mid O d	0.40.400 1:0		
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.							
Signature - Chair, County Transport	ation Committee				Date		



Due Dates:

All Routes

County Name

Valley

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2004 - 2005

1 copy State Supt. 1 copy County Supt. 1 copy School District

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October 1

County Number

To County Supt

District Name

Rate Per Mile October 15 \$0.95 Legal Entity Number Nashua K-12 Schools □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 1 **District Owned** Legal Entity % HIGH SCHOOL RIDERS TOTAL (Grades 9-12) **ELIGIBLE RIDERS** С NUMBER a + b

Date

Route # Length of Route (miles per day) Type of Service 53-13-3-124 124 **Bus Route Mileage** Vehicle I.D. # License # □ District Owned □ Contract - If so, Name of Owner 0417 501 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity 0937 100.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** Number of Preschool/Kindergarten pupils riding (Grades PK-8) this route а NUMBER Regular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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